

FILED APR 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 14348
Registrar's No. 629

BIRTH NO. _____		REG. DIST. NO. <u>367</u>		PRIMARY REG. DIST. NO. <u>3066</u>		Registrar's No. <u>629</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkwood</u> c. LENGTH OF STAY (in this place) <u>84 Yrs.</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>908 N. Harrison Ave</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkwood</u> d. STREET ADDRESS (If rural, give location) <u>908 N. Harrison Ave</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Fannie</u> b. (Middle) <u>Maria</u> c. (Last) <u>Carper</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 20th 1949</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Col.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Jan. 15 1865</u>	
9. AGE (In years last birthday) <u>84</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Kirkwood</u>	
11. BIRTHPLACE (State or foreign country) <u>Kirkwood</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>George Ried</u>		13b. MOTHER'S MAIDEN NAME <u>Eliza Faulk</u>	
13a. FATHER'S NAME <u>George Ried</u>		13b. MOTHER'S MAIDEN NAME <u>Eliza Faulk</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Princess Stewart</u> ADDRESS <u>908 N. Harrison</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CORONARY Heart Disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>4201</u> DUE TO (c) <u>94a</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u>					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>Nov. 10</u> , 19 <u>48</u> , to <u>March 19</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>March 20</u> , 19 <u>49</u> , and that death occurred at <u>6:30</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Dr. Rusan, M.D.</u> (Degree or title) <u>D</u>		23b. ADDRESS <u>243 E. Kirkham - Webster Grove, Mo.</u>			23c. DATE SIGNED <u>3-21-49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar. 23, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Peters Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis MO.</u>	
DATE REC'D BY LOCAL REG. <u>3-20-49</u>		REGISTRAR'S SIGNATURE <u>John W. Hemphill</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John W. Hemphill</u> ADDRESS <u>408 S. Filmore St.</u>			

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No.

working under my personal supervision.

Signed.....

Louis V. Atkins

Signed.....

Student Embalmer

Licensed Embalmer No. 2842

P. O. Address 3644 Finney

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.